



Jim Doyle
Governor

Helene Nelson
Secretary

State of Wisconsin

Department of Health and Family Services

DIVISION OF HEALTH CARE FINANCING

1 WEST WILSON STREET
P O BOX 309
MADISON WI 53701-0309

Telephone: 608-266-8922
FAX: 608-266-1096
TTY: 608-261-7798
www.dhfs.state.wi.us

Date: March 13, 2006

To: School-based Service Providers

From: Mark Moody, Administrator
Division of Health Care Financing

Subject: Medicaid Requirement for Certification of Public Expenditures for
Fiscal Years 2004-2005
Response Required by April 14, 2006

The purpose of this memorandum is to notify local educational agencies certified as Medicaid school-based services (SBS) providers that, at the direction of the federal Center for Medicare and Medicaid Services (CMS), the Wisconsin Medicaid program requires SBS providers submit an annual certification of public expenditure (CPE) form for state fiscal year (SFY) 2005. The CPE form must be signed and returned **no later than April 14, 2006**.

Background

Since the inception of the Wisconsin Medicaid benefit for school-based services, Wisconsin law (s.49.45(39)(b), Stats.) has required that all expenditures for school medical services be incurred by the SBS provider in order for the provider to receive a portion of the federal Medicaid match. In addition, the Wisconsin Medicaid program and administrative code (s. HFS 105.53(4)) has required that participating providers annually provide evidence that they are meeting these requirements for incurring SBS expenses by identifying total expenditures on a certification form. SBS providers must certify to Wisconsin Medicaid that the total expenditures identified represent expenditures for Medicaid-covered services provided to Medicaid-eligible children.

Certification Procedure

Included are the SFY 2005 certification of public expenditure (CPE) form, the matching expenditures worksheet and a list of frequently asked questions (FAQs), which provide additional information on calculating Medicaid SBS expenditures. An electronic copy of the certification form can be found at <http://dhfs.wisconsin.gov/medicaid2/handbooks/sbs/appendix1.htm> and the expenditure worksheet at <http://dhfs.wisconsin.gov/forms/DHCF/HCF01004.pdf>.

Providers must **submit the signed CPE form for SFY 2005** by 1) fax to (608) 266-1096 to the attention of the SBS Policy Analyst/ Certified Public Expenditures; or 2) mailed to:

SBS Policy Analyst/Certified Public Expenditures
Division of Health Care Financing
P.O. Box 309
Madison, WI 53701-0309

PLEASE NOTE: The CPE form **must** be signed by an authorized representative of the SBS provider and include the Medicaid provider number. Also, documentation supporting the CPE must be retained and available upon request. This documentation may be one of the district's own design, but must clearly incorporate and represent all information required on the Wisconsin Medicaid matching expenditures worksheet.

Certification Amount

For the dates from July 1, 2004 through June 30, 2005:

1. Wisconsin Medicaid reimbursed _____ a total of \$ _____ in federal Medicaid matching funds for school based services that were provided to Medicaid eligible recipients.
2. To meet federal requirements, the SBS provider must certify total expenditures of **not less than** \$ _____ in public funds for these services. This amount represents total incurred expenditures by the SBS provider for Medicaid school-based services.

Certifying an Appropriate Amount of Expenditures

If you do not submit these forms certifying to an adequate amount of expenditures, CMS may recover Medicaid payments you received for the period involved. This is explained more fully in the reimbursement section of the School Based Services Handbook (found online at <http://dhfs.wisconsin.gov/medicaid2/handbooks/sbs/reimburse2.htm>).

Each provider's CPE form must indicate that the total local expenditures for SBS were **at least equivalent to the sum of the total number of services billed times the contracted rate for each service for each fiscal year**. Certifying sufficient expenditures is necessary in order for the SBS provider to qualify for the full amount of federal Medicaid matching funds provided by the state. The contracted rate is provided on the Wisconsin Medicaid fee schedule for school-based services published in Medicaid provider updates. **Certified expenditures must meet or exceed the minimum total expenditures (\$ _____) listed in the "Certification Amount" section.**

Certification Reporting Process for Fiscal Year 2005-2006 will be changing.

The federal Center for Medicare and Medicaid Services (CMS) is requiring Wisconsin school-based services providers to submit cost reports for CPE the 2005-2006 school-year.

Wisconsin Medicaid is currently negotiating on the format and content of the cost report with CMS. WI Medicaid is purposing cost reports be based on the Department of Public Instruction (DPI) Wisconsin Uniform Financial Accounting Report (WUFAR). Once the report format is approved by CMS, it will be distributed to school-based services providers.

If you require technical assistance completing these forms, contact Bonnie Anderson at (608) 267-9312 or email anderb@dhfs.state.wi.us. For program and policy-related questions contact Matt Fanale at (608) 266-7415 or email fanalmb@dhfs.state.wi.us.

Thank you for your anticipated cooperation.